

DECLARATION, POWER OF ATTORNEY AND PETITION

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; that I verily believe I am the original, first, and sole inventor of the invention entitled

Dimensional Dining Restaurant Management System

described and claimed in the specification which is filed herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Applications		Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	Yes No

NONE

I hereby claim the benefit under Title 35, United States Code, section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Serial #)	(Filing Date)	(Status-patented, pending, abandoned)
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NONE

I hereby appoint the following patent agent to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Albert W. Watkins, Registration No. 31,676.

Direct all telephone calls to:

Albert W. Watkins at telephone number (320) 363-7296.

[illegible]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date: 8/20/99

Residence Address: 814 Pebble Creek Drive

City: St. Cloud County: Stearns State: MN Zip: 56303

Citizenship: USA Post Office Address: Same as Residence

Docket Number Halverson-1

Title: Dimensional Dining Restaurant Management System

☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

☐ Each such person, concern or organization is listed below.

August 20, 1999